


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000125966 1. Entity Name PERAMOS ENTERPRISE, INC.	
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Principal Place of Business 5361 NW 123RD TERRACE CORAL SPRINGS, FL 33076	Mailing Address 5361 NW 123RD TERRACE CORAL SPRINGS, FL 33076
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04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1580738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAMOS, EDDIE 5361 NW 123RD TERRACE CORAL SPRINGS, FL 33076
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, date and address.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when installing)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RAMOS, EDDIE 5361 NW 123RD TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RAMOS, JENNIFER 5361 NW 123RD TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARTI-PEREZ, SUSANA 5361 NW 123RD TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEREZ, ALFREDO 5361 NW 123RD TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>U000000718921 05/01/07-80041-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Eddie Ramos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>EDDIE RAMOS</u> 4-16-07 954-980-1073 <small>Date</small>